



Child Care Assistance Program

Thank you for your interest in becoming a provider with our CITC Child Care Assistance Program. Licensed Centers and Licensed Home care providers only need to complete the attached Rate Sheet, Provider Responsibility and Participant Code of Conduct forms and submit the required documentation. **Child care facilities with more than one site will need to complete a registration packet for each site receiving child care authorizations and who intend to bill CITC for services.**

As a child care provider you are considered an independent contractor (CITC is not your employer) and you are required to report all income to the Internal Revenue Service for tax purposes. At the end of the calendar year, our accounting department will mail a 1099 form to all providers (excluding corporations) earning over \$600 per year.

REMINDER: Providers must have a Child Care Authorization in order to bill CITC for services rendered. Parents must maintain their eligibility for child care assistance and use child care as authorized for CITC to process payments. Without an authorization, there is no guarantee of payment and parents will be fully responsible for any expenses incurred that were not authorized. Please be aware that there are times when a families eligibility changes after an authorization has been issued. We strive to ensure providers are notified as soon as possible so any additional expenses the parent is responsible for can be addressed quickly.

To receive payment from our program, you must submit a CITC Facility Attendance and Billing Report for each family on your last working day of the month. Please refrain from calling the Child Care Assistance Program inquiring about payments issued unless it has been over 30 days since your billing was submitted to our office. Checks are processed and mailed within 30 days from the date we receive the billing report if we have all necessary documentation from the parent.

Billings must be legible and accurate for easy processing. Please note our program only pays up to the State Rate for the child's age and setting. Any amount above the State Rate, or child care costs not authorized, is the parent's responsibility to pay.

Please be aware that we utilize a Debarment Process for parents and/or providers who do not follow the Child Care Policies & Procedures. This process will always be used for those parents who fail to pay their child care debt, also for those found to have committed fraud while on the Child Care Assistance Program.

REGISTRATION AND RATE SHEET

Provider Name	Facility Name
Mailing Address	Physical Address
City, State, Zip Code	City, State, Zip Code
(907) _____ Phone Number	_____ Fax Number
Email Address	Tax ID or Social Security Number

Check provider type and **attach required documents** listed:

- **Licensed Center**
 - Municipal or State of AK Child Care License
 - Parent Handbook / Policies
- **Licensed Home**
 - Picture ID
 - Municipal or State of AK Child Care License
 - Parent Handbook / Policies
- **Military Facility** (Regulated by the military)
 - Department of Defense or US Coast Guard certification

Do you charge a registration fee? No Yes If yes, amount: \$ _____ One-time fee Annual fee

Please list the days & hours you provide care: _____

Do you charge for holidays and/or closures? Yes No (CITC will pay for only ten scheduled closures annually on an enrollment basis). If so, please list: _____

Do you charge State Rates? Yes No

Please complete the chart below if your rates and/or age ranges are different than the state rates/ages.

Age Range:	Infant 0 – 18 Months	Toddler 19 – 36 Months	Preschool 37 Months – 6 years	School Age 7 – 12 years
Full-time Enrollment: Up to 5 full-time days a week	\$	\$	\$	\$
Part-time Enrollment: Up to 5 part-time days a week	\$	\$	\$	\$
Full-time Daily Rate: 5+ to 10 hours a day	\$	\$	\$	\$
Part-time Daily Rate: 0 - 5 hours per day	\$	\$	\$	\$
Hourly Rate:	\$	\$	\$	\$
Do you provide Child Care for children with Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Provider Signature _____
Date

PROVIDER RESPONSIBILITIES

I have received and agree to comply with the CITC Child Care Policies & Procedures.

I understand that as a provider, I function as an independent contractor, so I must comply with all applicable federal, state and local laws and regulations.

I agree to provide a current: Approval Certification, Municipal Child Care License, State of Alaska License, or Military License in order to offer child care services. I understand that I will not receive payment for child care services if I do not have the required licenses or approval certification on file with the CITC Child Care Assistance Program. Should my license expire or be revoked I understand that the CITC Child Care Authorization will become null and void.

I agree to provide child care services to the parent when they have a valid Child Care Authorization, and I certify that the parent(s) will have open access to the facility whenever their children are in my care.

I certify that space is available to meet the parent's work and/or training schedule listed on the Child Care Authorization, and I understand that I must arrange for alternative child care during an unscheduled facility closure.

I will submit my billing form within the fiscal year: October 1, 2014 to September 30, 2015, and no later than October 31, 2015. Billing forms received after this date and/or are over 30-days past the billing period will be paid based upon availability of funding and may not be eligible for payment once accounting for the fiscal year is closed.

I agree to submit a true and correct Facility Attendance & Billing Report. I understand that **all absences must be indicated** and that the payment will be calculated on the basis of authorized days of care provided in the Child Care Authorization. I understand that I will not receive payment for child care before the effective date or after the expiration or revocation date.

I understand that payment for services provided to the parent(s) outside the days and times written on the Child Care Authorization are the responsibility of the parent(s).

I understand that as primary provider, I will be paid for the subsidy amount billed as long as it does not exceed what is authorized on the authorization: the monthly maximum subsidy rate. As secondary provider (authorized only when the primary provider is temporarily unavailable), payment is limited to the amount remaining after deducting the payment to the primary provider from the monthly maximum subsidy rate. I understand that the parent(s) are responsible for paying any balance due.

I will charge the CITC parent(s) the same rate that I charge non-subsidized parents for the same service. I also agree not to discriminate against a parent on the basis of race, color, national origin, age, or sex.

I agree to submit any rate changes to the parent(s) and to CITC 30-calendar days before the effective date of change.

I understand the Child Care Assistance Program has 30 calendar days to process payment for billings that are fully completed (with parents' signature). I understand that payment is contingent upon the parent's compliance with program policies. I understand the Child Care Assistance Program will NOT accept inquiries in regards to payment prior to 30 calendar days.

I understand that I may not bill CITC's Child Care Assistance Program and the Municipality of Anchorage Daycare Assistance Program, or other agencies offering child care assistance, for the same children during the same period of time or I will be held responsible for repayment to the CITC Child Care Assistance Program and may be debarred from the program.

IMPORTANT: I understand that monthly authorizations revert to 'attendance' when authorized absences are exceeded or if a parent's eligibility for assistance has changed, payment is then based on days of actual attendance. 'Attendance' basis does not allow payment for absences or holidays; it is the responsibility of the parent.

Provider Signature

Date

Printed Name of Facility/Child Care Provider

Participant Code of Conduct

Purpose

To protect rights and safety of CITC participants and staff; and to ensure quality service is provided to meet CITC's mission statement:

To work in partnership with our People to develop opportunities that fulfill our endless potential.

Policy

CITC/ETSD is open to people of all ages and backgrounds. Participants are encouraged to use the resources available within our department. In order to receive quality services, the following actions or behaviors are not allowed within the Employment and Training Department:

1. Failing to comply with a staff member's request to stop an inappropriate behavior, this code of conduct or any other company policy; including, but not limited to:
 - Yelling and using abusive, offensive language or gestures.
 - Physically or verbally disciplining a child in manner that may cause injury to him/her or disrupts other participants.
 - Leaving young children unsupervised or ignoring their disruptive behaviors.
2. Any act that constitutes a criminal offense under federal, state, or local law; including, but not limited to:
 - Intoxication or under the influence of non-prescribed drugs.
 - Bringing guns, knives or other items designed or intended to injure or harm people.
 - Disorderly conduct, including, but not limited to: fighting; engaging in violent or seriously disruptive behavior, threatening or intimidating staff or any other customer.
 - Damaging or destroying CITC property through careless or willful acts.

Enforcement

These rules will be enforced in a fair and reasonable manner. ETSD staff and security personnel will intervene to stop prohibited activities and behaviors. Failure to comply with the Employment and Training Department's established policies may result in the interruption of services as described below:

1. If on the premises and displaying disruptive behavior, the following will occur:

- You will be asked to be quiet and/or take a minute to calm down; if this does not occur, it will result in you being asked to leave the premises.
- 3 incidents will result in having to be escorted to and from appointments by building security.

2. If on the telephone, the following will occur:

- You will be asked to take a minute to lower your voice and calm down.
- If the above request fails, the phone call will be terminated and you may call back when you are able to speak in a calm and respectful manner.

3. Continuous disrespect of staff will result in a meeting called to address your behavior to include you, your CITC staff contact and their supervisor(s).

4. Illegal Activity: Law enforcement will be contacted if any participant engages in what is believed to be unlawful or dangerous behavior.

Provider Signature

Date

Printed Name of Facility/Child Care Provider

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

CITC Child Care Assistance Program Facility Attendance and Billing Report (FABR) Instructions

*Please fill out in ink and submit to our office by the 5th of each month to ensure prompt payment.
Submitting an incomplete billing report may delay payment.*

Billing Reports submitted more than 30 days after the month services were provided may not be honored.

Entering information: List child care provider name as it appears on your child care license. Include phone number and address information. Be SURE to list your tax ID or social security number, billing month and year and parent's first and last name.

Print each child's full legal name in the space provided listed as "C". There is room for **five** children per page (please use only one form for each family). If there are more than five children in a family use additional forms to include all children receiving assistance.

Indicate the child's actual attendance under the numbered boxes 1-31 (numbers correspond to days in the month). Enter an "F" for full-time, "P" for part-time, "O" for overtime, "A" for absent, "H" for holiday, "S" for sick.

The Age column is used to specify the age of the child. Circle "I" for Infant, "T" for Toddler, "P" for Preschool, or "S" for School Age as indicated on the child care authorization.

Total Monthly Fee: Enter the **full** amount being charged by you to the family for the month. This amount may not necessarily match the Child Care Authorization or the State Rates.

Reg. Fee: Use this column if you will be charging a registration fee.

CITC Portion: Here is where you will enter CITC's portion, listed in the "Total" column for each child on the authorization. *Note: Monthly Enrollment Child Care Authorizations may revert to attendance, depending on the parent's activity or child's attendance. Therefore, the parent may be responsible for paying the difference of enrollment versus attendance. Parents are also responsible for any amounts billed that are above state rate.*

Copay + Amount Over State Rate: Enter the amount billed to the parent. This should include any co-pays and/or amounts above the state rate that the parent is responsible for.

Generally, the calculation should be:

"Total Monthly Fee" + "Registration Fee" (if applicable) – "CITC Portion" = "Parent Copay + Amount Over State Rate"

Note Section: Gives you room to explain any extra information you think we may need, for example, unauthorized days being charged, if the parent is no longer in care, vacation days, etc.

Sign: Provider must sign and date certifying that all information provided is true. We do not require a parent signature.

IMPORTANT: *Child care providers are independent contractors (NOT employees) of CITC. Providers are responsible for paying their own taxes and all earnings must be reported to the Internal Revenue Service (IRS). CITC will mail a 1099 to those earning over \$600.00 in a calendar year; corporations will not receive a 1099.*

Keep in mind, CITC has 30 days from the date that CITC receives a billing to process payment. Please hold calls about payment status until 30 days have passed.